



Office of Racing Commissioner
PO Box 30773
Lansing, MI 48909
Phone: (517) 335-1420
Fax: (517) 241-3018
www.michigan.gov/horseracing

Office of Racing Commissioner CERTIFICATION OF FUROSEMIDE ELIGIBILITY

Horse name _____ Breed _____

Color _____ Sex _____ Age _____

Tattoo Number _____

Licensed Veterinarian (Printed) _____

Michigan Veterinary License Number _____

Vet's Address _____

City _____ State _____ Zip _____

Phone Number _____

Licensed Trainer _____ License No. _____

As the licensed trainer and licensed veterinarian of the above mentioned horse, it has been determined that it would in the above horse's best interest to race with furosemide. As such, we hereby request that the horse be placed on the Furosemide List.

A horse placed on the Furosemide List must remain on that list unless the licensed trainer and licensed veterinarian submit a written request to remove the horse from the list and that request is approved by the Office of Racing Commissioner veterinarian.

Licensed Veterinarian (Signature)

Date

Licensed Trainer (Signature)

Date

ORC Veterinarian (Signature)

Date